

# Engagement and governance: Building your value analysis model

Value Analysis Course

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## Learning objectives

### By the end of this lesson, we will be able to:

- Define the scope of your value analysis program
- Demonstrate the steps of a well-defined process that applies the governance structure to support the process
- Design a value analysis model that integrates with your corporate vision and addresses organizational complexities
- Prepare a value analysis charter for oversight and standard business conduct
- Define the standards of business conduct





## Value analysis program scope

## Program Scope

Aligned with Organizational Strategic Plan

## Committee Scope

Aligned with Program Scope; Own KPI's

## **Initiative Scope**

Culture of Accountability; Clearly defined objectives

A broad program scope is reflective of a strong governance structure.



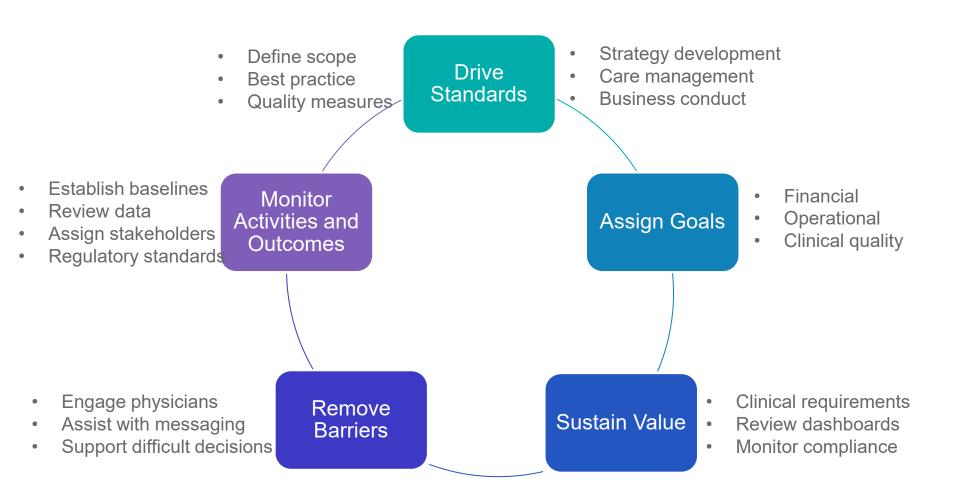
## Value analysis governance

Governance supports the pathway to success





## What does governance look like?





## Value analysis charter

### Why a charter?

- It provides a formal written statement of the aims, principles and procedures of the team
- It often reflects the health system's mission statement

Value Analysis Charter instructions: Use the following template to create a charter for your current Authority and purpose	t value analysis process
	t value analysis process
Authority and purpose	
Team purpose	
Team structure and composition	
Time commitment for team members	
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Refer to Workbook

The value analysis program purpose is to develop and implement an organized and systematic approach to determine the value of technology, products and services while supporting and complementing process improvement, improved outcomes, safety and quality practices, and financial stewardship.



### **Committee Charge**

- Clear expectations
- Ground rules
- Team structure and composition
- Member roles and responsibilities
- Operating guidelines
- Meeting logistics





### **Committee Process**

- Decision-making body for products and services
- Review data and contracts
- Determine best strategy
- Formal voting
- Consensus building
- Implement change





# Team Structure and Composition

- Operational, financial and clinical subject matter experts
- Team chair to prioritize team activities, determine necessary resources
- Accountable to steering committee for targeted savings





# Team Member Accountability

- Attendance requirements
- Time commitment to participate
- Complete assignments on time
- Communicate with necessary stakeholders to support value analysis program





## Committee participation agreement

### **Purpose**

To provide team members with the keys roles as responsibilities of being a team member

### How to use

- All members must read and agree to the terms
- Edit where appropriate for your organization
- Obtain signature from members for accountability





## Guiding principles for team members

- This is a collaborative process with a purpose to better the organization as a whole
- Decisions are based on what is best for the patient and/or the organization, not necessarily on what is best for an individual department or group
- Success is driven by the commitment of all team members to actively participate in the process
- Leave titles at the door; everyone's input is equal
- No right or wrong answers just ideas, input and recommendations
- Learn from past projects and best practice implementations; do not replicate past errors in system and process design
- All practice and clinical program changes will be coordinated with corresponding service lines





## Polling Questions:

Who has developed a charter for their value analysis program?

Is it endorsed and supported by your leadership?

On a scale of 1-10, how familiar are you with your charter?

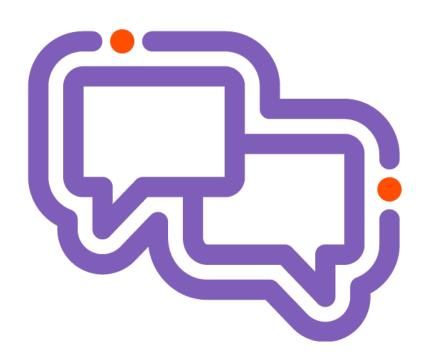


### Conflict of interest

### **Definition**

A conflict between the private interests and the official responsibilities of a person in a position of trust

- Physician's intention not aligned with organization
- Vendor relationship
  - Accepting gifts
  - Promotional speaking
- Clinical trials
- Editorial bias
- Physican-owned distributorships
- Physician royalties

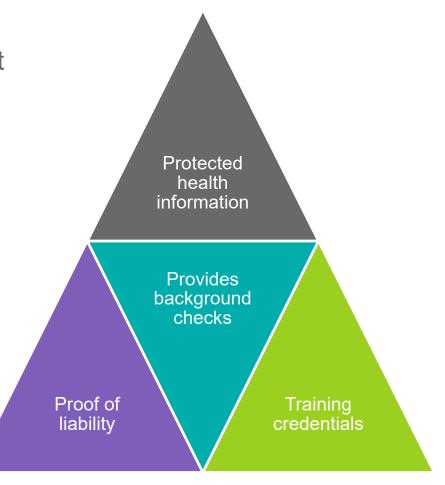




## Vendor credentialing

 Vendors are business partners that provide products and services that impact health care organizations and patients

 Adoption of credentialing standards provide conformance to regulatory guidelines that protects patient health, safety and confidentiality





### Other Standards of Business Conduct

**Regulatory Safe harbor:** Specifically related to health care, including: warranties, discounts and GPOs

**Sunshine Act:** Payments and transfers of value from manufacturers and GPOs to physicians and teaching hospitals must be reported to CMS

Anti-Kickback Law: Protects patients and federal health care programs from fraud and abuse

**Stark Law:** Prohibits medical providers from submitting Medicare claims, billing individuals, etc. for such referred services. Ex: Physician Owned Distribution (POD)- labs and radiology.





## Examples

	Acceptable	Not acceptable
Business meals	Paying for your own meal	Allowing the supplier to pay for the meal
Continuing education	Meals that are modest by local standards and are in conjunction with a continuing education unit (CEU)	Accepting travel, lodging, or personal expenses for a seminar or conference
Charitable contributions	Cash and "in kind" contributions made directly to a recognized charitable organization	Cash and "in kind" contributions made to an individual or non-recognized charitable organization
Gifts		Accepting gifts of any kind from suppliers
"Quiet period" from time an RFP is issued to the time a contract is announced	Contact between the supplier and the team member representative(s) specified in the RFP. Interactions should be structured to ensure fairness (i.e. submitting questions via email and issuing answers to all participants). If product evaluations are to be held during the quiet period, the parameters of those interactions should be followed, as denoted in the RFP.	Suppliers visiting facilities for any reason other than a value analysis team sponsored product evaluation. Any conversation between supplier and team members as denoted in the RFP, unless the conversation is part of a team sponsored product evaluation or part of day to day operations (i.e. purchasing issues for incumbent suppliers).

- Be transparent
- Keep good documentation



## Value analysis structure





## Various states of value analysis governance

#### **No Process**

- No formal process
- Purchases driven by demand
- Minimal criteria

### New Product Team

- Process and team focused on review of new products
- Suppliers initiate new product entry and have frequent unregulated access to clinical areas
- Customer service to requestor
- Often rubber stamp of approval

### Value Analysis Novice

- Process is led by supply chain
- Vendor management policy is developed to govern supplier access to clinical areas
- Limited Development of objective, non-financial criteria
- Commodity and clinical preference product conversions
- High volume of new product requests

Pricing and limited

standardization

#### Value Analysis Intermediate

- Process is led by supply chain and slinicians
- Supply chain uses market pricing benchmarks to obtain best financial value
- Reduce or eliminate waste
- Objective data used to
  - Ensure new products add value
  - Reduce variety of products
- Integration of appropriate use for clinical preference products
- Develop forum for new technology assessment
- Integration with Performance Improvement

Conversion, utilization and standardization

#### Value Analysis Advanced

- Hybrid structure with some service line physician led teams
- Multi disciplinary teams use supply chain, clinical, financial and operational data across acute care continuum
- Outcomes data drives balanced decision making
  - EMR
  - MMS
  - National Metrics
  - Protocols
  - Evidence
- Integration of appropriate use for physician preference products

### otal value in acute

### Value Analysis Transformation

- Community based, post acute and acute providers as well as patient and family caregivers collaborate to determine appropriate care and product use that results in improved patient engagement
- Long term outcomes data drive supply chain, clinical, financial and operational decision making
- Alignment of process drives seamless care
  - Patient access, flow and care coordination

Total value in acute care

Total value across care continuum

### **Greater Physician Involvement**

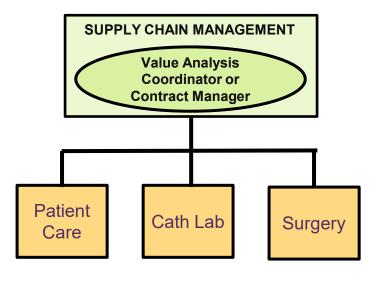


Limited strategies

for savings

**Pricing only** 

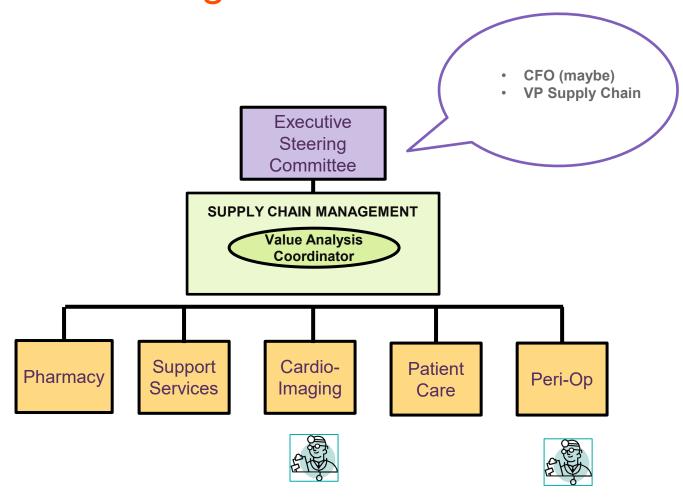
## **Emerging Program Structure**



Refer to Workbook



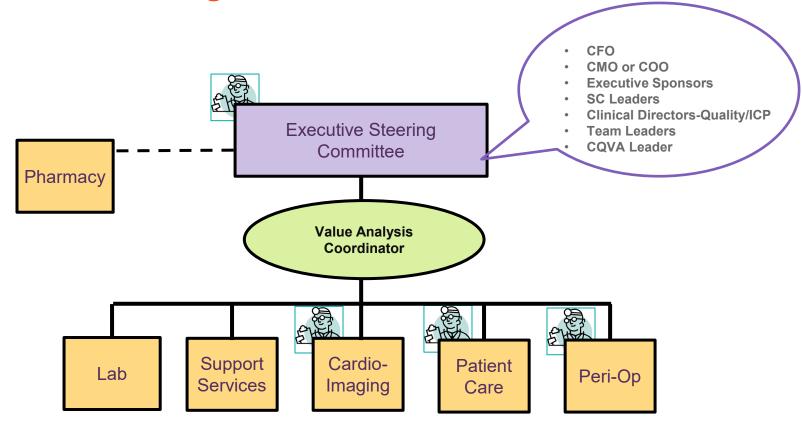
Intermediate Program Structure



Refer to Workbook



Advanced Program Structure



Refer to Workbook



Transformational Program Structure **CFO CMO CNO** COO Service Line VPs **Physician Co-Leads OPS New Technology SC Leaders Clinical Directors-**Quality/ICP **CQVA** Leader Value analysis governance Implementation council/steering committee Value Analysis Coordinator Women/ Ortho/ Support Oncology C-V Patient **Anaillary** Children Spine Surgical Services **Pharmacy** Service Service Services Care Service Services Service Line Council Council Council Line Line Line Service Line Councils Refer to Workbook Physician Involvement



# Activity: Draw your **VALUE ANALYSIS**Structure

- Take the next 20-30 minutes and draw your internal structure
- Be prepared to discuss which model it most likely mirrors
  - 1. Emerging
  - 2. Intermediate
  - 3. Advanced
  - 4. Transformational



Refer to Workbook



Debrief: Draw your own Value Analysis
Structure

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## Questions



